

# Health Department, City of Baltimore.

Permit No. A. 1221 Office of Registrar of Vital Statistics.

Ward 7<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

July 12<sup>th</sup>, 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Charles Glesner

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 9 Years,

Months,

Days,

Color,

White.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

902 E. Preston st

Cause of Death, { First (Primary), }

Typhoid Fever

{ Second (Immediate), }

Peritonitis

Duration of Last Sickness,

18 days

All the above information should be furnished by the Physician.

Place of Burial,

Green Mt Cemetery

Date of Burial,

July 14<sup>th</sup>

Undertaker,

H. C. Wiedefeld

M. B. Billingsley M. D.

Medical Attendant.

Place of Business,

916 Green Mt Ave

Address,

1206 E. Preston st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. A 1222 Office of Registrar of Vital Statistics.

Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 89 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, July 14th 1887

Undertaker, Chas. Clarke & Sons

Place of Business, 229 S. Ann St

James A. Stearns M. D.

Address, Cum gratia

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

John Chas. De Gooz Inspector

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. 1223 Office of Registrar of Vital Statistics.

Ward 19<sup>th</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 3<sup>rd</sup> 1887

Full Name of Deceased, Walter Dix  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 6 Years, 6 Months, 19 Days.

Color, White

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, Barber

Birth Place, Baltimore  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life Time

Place of Death, 1211 N. Fayette St  
{ Give Street and Number. }

Cause of Death, Meningitis  
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, about 2 or 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 14<sup>th</sup> 1887

Undertaker, Wm Weaver Wm Weaver M. D.  
Medical Attendant.

Place of Business, No 738 N. E. Ave Address, 1401 Union Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 1224 Office of Registrar of Vital Statistics. Ward 11 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within ~~twenty-four~~ twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 12 / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Boston

Sex, ~~Male~~ Female, { Cross out the word not required in this line. }

Age,        Years,        Months, 18 Days.

Color, ed

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,       

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. Md ✓

Duration of Residence in the City of Baltimore, 18 days

Place of Death, { Give Street and Number. } 1747 Orleans St

Cause of Death, { First (Primary), Second (Immediate), } Anemia  
convulsions

Duration of Last Sickness, since its birth

All the above information should be furnished by the Physician.

Place of Burial, Lamell Cemetery

Date of Burial, July 13<sup>th</sup>

{ Undertaker, Chas. S. Butler H. A. Jauer M. D.

{ Place of Business, 670 N. Caroline St Address, 439 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1225 Office of Registrar of Vital Statistics.

Ward 11<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 12<sup>th</sup> 1887

Full Name of Deceased, Martha Loane  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female, ~~Male~~ { Cross out the word not required in this line. }

Age, 88 Years, 5 Months,  Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, England  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 70 years

Place of Death, 628 N Calvert St  
{ Give Street and Number. }

Cause of Death, old age  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, few days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, July 14<sup>th</sup> 1887 George H. Mears M. D.  
Medical Attendant.

Undertaker, Henry H. Mears  
Place of Business, #413 E. Fayette St Address, 711 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1226 Office of Registrar of Vital Statistics. Ward 12<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 12<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eliza Jane Bala

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 51 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 1826 Division St

Cause of Death, { First (Primary), Second (Immediate), } Asthma

Duration of Last Sickness, 7 or 8 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 14<sup>th</sup> 1887

{ Undertaker, Henry H. Mears } J. M. H. Mears M. D. Medical Attendant.

{ Place of Business, #413 E. Fayette St } Address, 319 N. E. Mears St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1227 Office of Registrar of Vital Statistics.

Ward 5<sup>2</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 11<sup>th</sup> July 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alex McKim Dunn

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 14 Months, 14 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 416 Chestnut

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 416 Chestnut St

Cause of Death, { First (Primary), Second (Immediate), } Enteritis  
Cholera Infantis

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, July 13<sup>th</sup> 1887

Undertaker, Henry H. Meard

C. B. Gamble M. D.  
Medical Attendant.

Place of Business, #43 E. Fayette St Address, 925 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



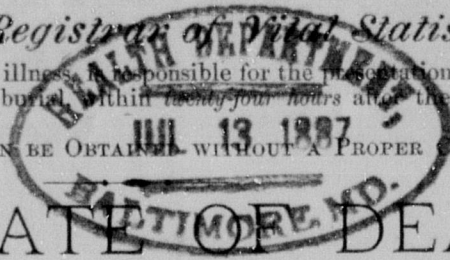
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/27/2022.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. **A 1228** Office of Registrar of Vital Statistics. Ward **8<sup>th</sup>**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, **July 12. 1887**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Michael Flaherty**

Sex, **Male** ~~or Female~~, { Cross out the word not required in this line. }

Age, **12** Years, **11** Months,  Days.

Color, **White**

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, **None**

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **City Life**

Duration of Residence in the City of Baltimore, **Life**

Place of Death, { Give Street and Number. } **145 Preston St.**

Cause of Death, { First (Primary), Second (Immediate), } **Bronchitis. Exhaustion**

Duration of Last Sickness, **Two weeks**

All the above information should be furnished by the Physician.

Place of Burial, **St. Peters**

Date of Burial, **July 13/87**

{ Undertaker, **C. J. Schuen** } **Master Warfield** M. D. Medical Attendant.

{ Place of Business, **925 Madison Ave** } Address, **Balto. Genl. Dist.**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 1229 Office of Registrar of Vital Statistics. Ward 13<sup>12</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, July 12/87

Full Name of Deceased, Augusta Lantenbach  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female or Male, { Cross out the word not required in this line. }

Age, 64 Years, white Months, 1 Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Germany

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 46 years

Place of Death, { Give Street and Number. } 730 W. Pratt St

Cause of Death, { First (Primary), Second (Immediate), } Dilatation of heart  
Asthenia

Duration of Last Sickness, about six years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, July 14<sup>th</sup> 1887

Undertaker, Dr. Lewis Schaefer Geo. E. Gibbons, M. D.

Place of Business, 316 N. Trueman Address, 833 Edwards St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 1230 Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, July 11 - 1887

Full Name of Deceased, Henry A. Reides  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 38 Years, 6 Months, 11 Days.

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Saloon Keeper

Birth Place, Germany  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, 1519 Thomas Street  
{ Give Street and Number. }

Cause of Death, Rupture of right Auricle Heart  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, 10 Minutes

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, July 13 - 1887

Undertaker, H. Sander Edw. C. Cull M. D.  
Medical Attendant.

Place of Business, 710 Canton St Address, 403 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]